

# Adult Sports League Registration Form

*All information on this form must be completed and have signature consent of the  
Terms and Conditions before registration can be processed  
Payment must accompany registration (see backside of form)*



For Office Use only

Date Received \_\_\_\_\_

Terms & Conditions \_\_\_\_\_

League Fees \_\_\_\_\_

Transfer Approved \_\_\_\_\_

(If Applicable)

**Team Name:** \_\_\_\_\_  
**Maximum 20 Characters**

**Was your team in a Bloomington league last year?** \_\_\_\_yes \_\_\_\_no

If yes, what was your previous team name? \_\_\_\_\_

If yes, in what league and night did you previously play? \_\_\_\_\_

**Manager:** \_\_\_\_\_  
Are you a new manager of this team? \_\_\_\_yes \_\_\_\_no

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work/Cell:** \_\_\_\_\_

Do you want to receive league information via text message? \_\_\_\_yes \_\_\_\_no

If yes, who is your cellular provider? \_\_\_\_\_

**Email Address:** \_\_\_\_\_

(Primary method of communication throughout the season)

**\*\*\*Priority registration for returning teams applies only to the exact league and night a team participated in the previous year! Returning teams who desire to transfer leagues or nights will be processed based on availability and prior to new teams in the order in which registration and payment are received.**

<b>SOFTBALL</b> <b>Season:</b> Summer Fall <b>Men's</b> <b>Women's</b> <b>Co-Rec</b> <b>Night:</b> M Tu W Th F <b>League Preferred:</b> _____ <b>Team Classification:</b> _____ <b>Single Game</b> <b>Double Header</b>					<b>VOLLEYBALL</b> <b>Season:</b> Summer Fall Winter <b>Women's</b> <b>Co-Rec</b> <b>Night:</b> Sun M Tu W Th <b>Level:</b> A B C D				
<b>MEN'S TOUCH FOOTBALL</b> <b>Night:</b> W <b>Level:</b> A B C					<b>MEN'S BASKETBALL</b> <b>Night:</b> Su W Th <b>Level:</b> A B C D				
					<b>INNER TUBE WATER POLO</b> <b>Night:</b> TH				

The City of Bloomington does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its services, programs or activities. Upon request, accommodation will be provided to allow individuals with disabilities to participate in all City of Bloomington services, programs and activities. Upon request, this information can be provided in Braille, large print, audio tape and/or computer disk.

## Terms and Conditions

1. By registering for this Parks and Recreation activity, you are responsible for all fees associated with registration.
2. All fees associated with registration must accompany your registration form, or registration will not be processed.
3. All teams will provide Parks & Recreation with a completed roster form prior to the first game.
4. All teams registered for a Bloomington Adult Sports League are subject to a mandatory transfer at the discretion of the League Director. A mandated transfer by the League Director may occur, but is not limited to, the level of competition, previous league results, number of teams per league, or team classification. Teams subject to a mandatory transfer may withdraw their team's registration and make their request to the League Director within 48 hours of being notified of their transfer to receive a refund of their registration fees. After 48 hours has expired, all refunds will be subject to the Cancellation/Withdrawal Policy.
5. Cancellation/Withdrawal Policy
  - **Full refunds will be processed if** the league your team is registered for is cancelled by Parks and Recreation due to lack of teams.
  - **Pro-rated refunds will be processed if** scheduled games are cancelled and make up dates are not available due to unavailable facilities.
  - **Teams will receive a full refund less a \$50 service charge if** your team withdraws at least 3 weeks before the start of play.
  - **Refunds will not be processed if** your team withdraws less than 3 weeks before the start of play or if your team is removed from the league due to disciplinary action.

### **6. Data Privacy Act/Tennessee Warning**

According to the Minnesota Data Privacy Act, some of the information you provide on this form may be classified as private data. Private data is available to you but not the public. If you do not provide this data, you are not eligible to play in the City of Bloomington Adult Athletic Leagues. By signing below, you are consenting to allow registration information to be shared with the Minnesota Sports Federation Staff, Minnesota Recreation and Parks Association Staff, City of Bloomington Supervisors, officials, and other registered program participants for the purpose of administering the above listed recreational program. This consent will expire automatically one (1) year after the date of signing.

I agree to the above listed terms and conditions.

Signature\_\_\_\_\_

Date\_\_\_\_\_

### **Payment Information**

Cardholder's Name _____	Auth Amt. \$ _____
Cardholder Signature _____	
Credit Card _____	
_____-_____-_____-_____-_____	Exp _____